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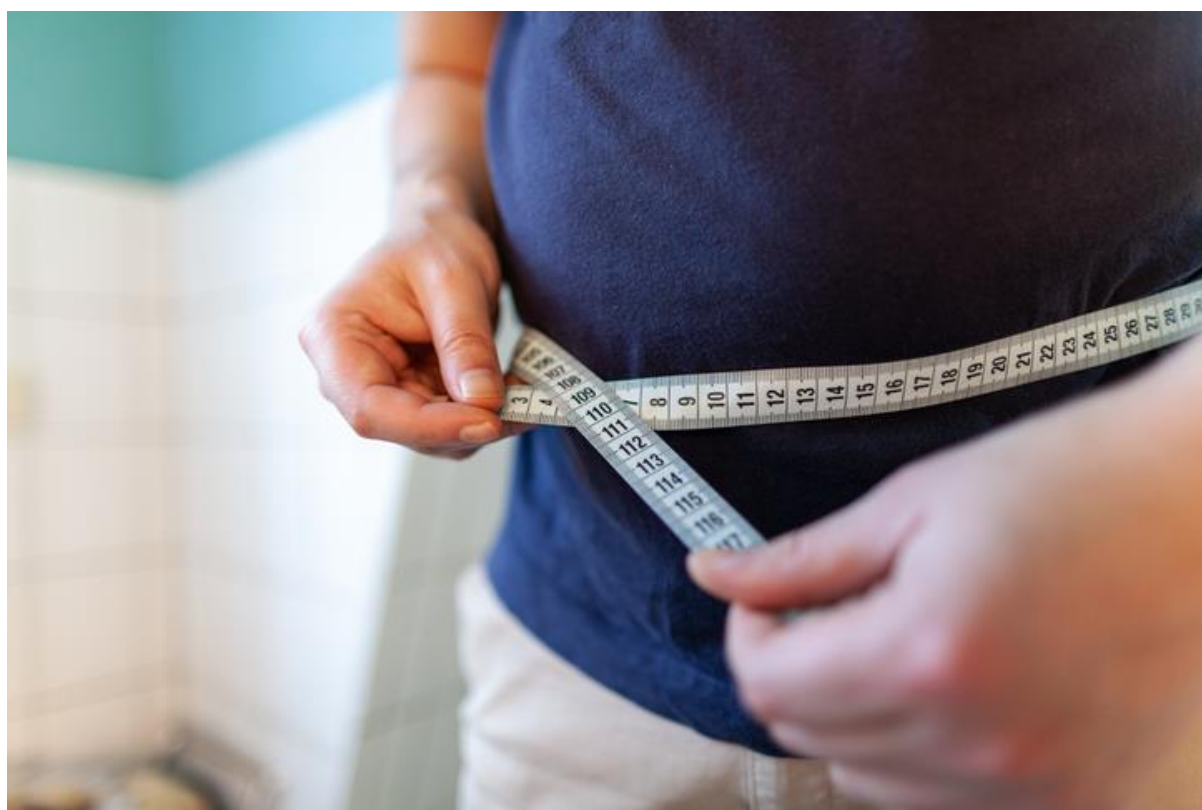
## Public policy blog

<https://policyblog.stir.ac.uk/2020/08/11/obesity-and-covid-19-tackling-two-global-pandemics/>

### Obesity and Covid-19: Tackling two global pandemics

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Covid-19 is changing the way we think about the world. We are used to being able to go shopping, without a second thought, book a trip on the spur of the moment or meet up casually with friends for a meal. In the UK we live in a society in which, notwithstanding financial resources, we expect to be able to take a high degree of control over our lives. We believe that we have freedom of choice and that failures to make choices which support our health and well-

being are the result of our individual failures in self-regulation. Covid-19 has challenged this belief.

The Prime Minister, Mr Johnson's, experience of being seriously ill has apparently led to a realisation that being overweight put him at greater risk from the virus. It has been widely reported that this has led to a change of heart towards greater regulation of food production and marketing with a proposed strategy including nutritional labelling on restaurant menus and banning the advertising of foods high in fat, salt and sugar on television before the nine pm watershed. These measures have been fiercely resisted by the food industry, lobbying organisations and politicians including, in the past, Mr Johnson himself. Such measures have been understood as limiting individual freedom to make unhealthy, as well as healthy, choices.

Such arguments are predicated on an understanding of choice that presumes that we all start from a "choice-neutral" situation and that the only influences on our choices are our own preferences or, where we make a choice which goes against our preferences, our lack of self-control. That is to say, when we make an unhealthy choice we make it because we are acting in line with our preference to eat unhealthy food or, alternatively, that our preference would be to eat healthily but we lack the self-control to act in line with this preference. However, I argue that there are substantial constraints on our ability to make free choices in relation to food and these constraints provide a justification for providing greater regulatory support to those who want to make more healthy choices.

The process of making a choice in any situation is complex and influenced by a wide range of issues, not all of them salient to the individual. At the individual level a choice consists of the cognitive processes associated with the selection of a preferred option and the behavioural enactment of that choice. The conceptualisation of choice as the cognitive evaluation of the gains and losses associated with a range of options against preferences is widespread. However, making choices in this highly rational manner is time consuming and cognitively demanding, particularly in the face of the many competing demands on our time and attention. Consequently, we all too frequently fail to make the healthy choice and instead, in the face of a tempting food choice, make an automatic, rapid choice based on emotional and physiological processes.

Rising rates of obesity cannot be attributed to decreases in self-control among individuals. Obesity is a complex issue and there is no single explanation for these rises. However, rising rates of obesity have occurred alongside significant changes in the day-to-day environments in which we live. These changes include the widespread availability of pre-packaged foods which are high in fat, salt and sugar. In the context of demanding work and family

situations these options are convenient and, due to skilful marketing, highly salient. Our environment makes the less healthy choice the easy choice.

Our research suggests that strategies such as nutritional labelling on restaurant menus can be effective in reducing calorie consumption, but the effects are small and, in isolation, will not contribute to large reductions in obesity (Crockett et al. 2018). This is not unexpected; rises in obesity are not due to individual and isolated changes in the environment. Rather they are due to multiple changes in the environment all linked to the changing way we live our lives. Thus, a range of measures creating an environment that supports more healthy food choices will be required to tackle obesity. Such measures might include differential pricing of more and less healthy products, changing the availability of these options and regulation of the production and marketing of foods high in fats, salt and sugar. Whatever measures are implemented they need to be based on a message that is consistent across government. Implementing measures that can be interpreted as promoting less healthy food choices in one part of government, while another part of government attempts to promote more healthy choices presents a confused message, likely to be misunderstood or ignored.

Resistance to regulation to tackle obesity is mirrored in resistance to regulations to manage the spread of Covid-19. In the long term we will need to make changes to our day-to-day behaviour to manage the spread of both pandemics. One conclusion we should consider drawing from the complementary experiences of managing these pandemics is that, even in a society in which we value individual choice, we recognise the value of balanced regulatory action to create an environment which supports those choices.

## **Reference**

Crockett, R. A., King, S. E., Marteau, T. M., Prevost, A. T., Bignardi, G., Roberts, N. W., ... & Jebb, S. A. (2018). Nutritional labelling for healthier food or non-alcoholic drink purchasing and consumption. *Cochrane Database of Systematic Reviews*, (2).